



**SUFFOLK COUNTY TREASURER
DEPARTMENT OF FINANCE AND TAXATION
330 CENTER DRIVE
RIVERHEAD, N.Y. 11901-3311
Telephone: (631) 852-1500 FAX (631) 852-2752**

**REGISTRATION FOR CERTIFICATE OF AUTHORITY
TO COLLECT HOTEL AND MOTEL TAX**

**ALL QUESTIONS MUST BE ANSWERED
PLEASE TYPE OR PRINT**

FEDERAL I.D. NUMBER

NAME OF HOTEL

**1. HOTEL
ADDRESS**

Street

City

State **NY**

Zip

2. BUSINESS NAME

Individual, Partnership or Corporate Name

3. MAILING ADDRESS

Street City State Zip

4. BUSINESS PHONE

Area Code--

5. OWNERSHIP TYPE: Individual _____ Partnership _____ Corporation _____

**6. NAME(S) OF AND HOME ADDRESS OF INDIVIDUAL OR PARTNERSHIP OWNER OR PRINCIPAL
OFFICER(S) IF CORPORATION**

NAME

HOME ADDRESS

Add Attachment if Necessary

7. ESTABLISHMENT TYPE Hotel _____ Motel _____ B&B _____ Other _____
Describe

8. NUMBER OF ROOMS _____

9. SEASON: All Year _____ Or Part Year From _____ To _____

10. STARTED BUSINESS IN SUFFOLK COUNTY ON ____/____/____
MO DAY YR

**I hereby certify that the information provided above has been examined by me, on behalf of the
applicant, is true and complete to the best of my knowledge.**

Signed _____ **Date** _____, 20____

Name _____ **Title** _____